RADx Exec Comm Required CDEs2 PID 109

Codebook

Data Dictionary Codebook

04/19/2021 3:56pm

Collapse all instruments Collapse all instruments

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Radx Cdes2** (radx_cdes2)			Enabled as survey	Collapse Collapse
	1	record_id	Record ID	text
	2	identity	Section Header: *1. Identity* Project-specific identifier	text
	3	race_ethn_race	Section Header: *2A. Race* What is your race? Mark one or more boxes. *Check all that apply*	checkbox 1, race_ethn_race___1, American Indian or Alaska Native 2, race_ethn_race___2, Black or African American 3, race_ethn_race___3, Asian 4, race_ethn_race___4, Native Hawaiian or Other Pacific Islander 5, race_ethn_race___5, White 96, race_ethn_race___96, Some other race Field Annotation: @NONEOFTHEABOVE = '99' PX011901| https://www.phenxtoolkit.org/protocols/view/11901 | U.S. Census Bureau, Census 2020, Questionnaire | Reduced to OMB + specifiy, added 99, Prefer not to answer
	4	race_ethn_hispanic	Section Header: *2B. Ethnicity* Are you of Hispanic or Latino origin?	radio 1, Yes, of Hispanic or Latino origin 0, No, not of Hispanic or Latino origin Field Annotation: PX011901| https://www.phenxtoolkit.org/protocols/view/11901 | U.S. Census Bureau, Census 2020, Questionnaire | Reduced to OMB, Added 99, Prefer not to answer
	5	age_yrs	Section Header: *3. Age* Age For babies less than 1 year old, write 0 as the age. *Years*	text (integer, Min: 0, Max: 110) Field Annotation: Census | https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf | Census ACS
	6	bio_sex_birth	Section Header: *4. Sex* What is your biological sex assigned at birth?	radio 0, Male 1, Female 2, Intersex 96, None of these describe me Field Annotation: PX011601 |https://www.phenxtoolkit.org/protocols/view/11601 | HHS/CDC COVID Lab Reporting Specifications | Removed 'Biological' term

	7	edu_years_of_school	Section Header: *5. Education* How many years of education have you completed?	dropdown (autocomplete) 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10 11 | 11 12 | 12 13 | 13 14 | 14 15 | 15 16 | 16 17 | 17 18 | 18 19 | 19 20 | 20 + Field Annotation: |||Recommendation from RADx-UP projects
	8	zipcode	Section Header: *6. Domicile* What is your zip code? *5-digit zip code*	text Field Annotation: |||New Question
	9	current_employment_status	Section Header: *7. Employment* Are you employed?	radio 1 | Employed in a permanent position 2 | Employed in a temporary position 0 | Not currently employed Field Annotation: PX011301|https://www.phenxtoolkit.org/protocols/view/11301|Study of Income Dynamics (PSID), 2007||Added 99, Prefer not to answer
	10	hi_coverage_type	Section Header: *8. Insurance Status* What kind of health insurance do you have?	radio 1 | Private insurance 2 | Public insurance 0 | None Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/. Further simplified.
	11	disability_deaf	Section Header: *9. Disability Status* Are you deaf or do you have serious difficulty hearing?	yesno 1 | Yes 0 | No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	12	disability_blind	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	yesno 1 | Yes 0 | No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data

	13	disability_decisions	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	14	disability_walking	Do you have serious difficulty walking or climbing stairs?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	15	disability_dress	Do you have difficulty dressing or bathing?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	16	disability_errands	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	17	medhx_vaping_use	Section Header: *10. Medical history* Vaping use	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: RADx-UP projects
	18	medhx_nicotine_use	Nicotine use	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: RADx-UP projects
	19	medhx_alcohol_use	Alcohol Use	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: RADx-UP projects
	20	medhx_asthma	Asthma	yesno 1 Yes 0 No Custom alignment: RH
	21	medhx_cancer	Cancer	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JH from JHU Community Survey

	22	medhx_cvd	Cardiovascular disease (CVD or heart disease)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey
	23	medhx_chronickd	Chronic kidney disease (CKD)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey
	24	medhx_chroniclung	Chronic lung disease	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: RADx-UP projects
	25	medhx_diabetes	Diabetes	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey
	26	medhx_htn	Hypertension (HTN, high blood pressure)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey
	27	medhx_immunosup	Immunosuppressive condition	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey- Update with reference if exists
	28	medhx_mentalillness	Serious mental illness	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: RADx-UP projects
	29	medhx_sicklecell	Sickle Cell Anemia	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey -Update with reference if exists
	30	medhx_preg_status	Pregnancy status	yesno 1 Yes 0 No Custom alignment: RH

	31	covid_cough	Section Header: *11. Symptoms* Cough	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening | modified to 1 week based on feedback from RADx-UP projects | Only for projects that are providing acute COVID-19 testing
	32	covid_fever	Fever	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
	33	covid_diffbreath	Shortness of breath or difficulty breathing	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
	34	covid_headache	Headache	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
	35	covid_myalgia	Muscle ache	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
	36	covid_olfactory	New loss of taste or smell	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
	37	covid_chills	Chills	yesno 1, Yes 0, No Custom alignment: RH
	38	covid_fatique	Excessive fatique	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening | modified to 1 week based on feedback from RADx-UP projects

	39	covid_nausea	Nausea/vomiting	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening | modified to 1 week based on feedback from RADx-UP projects
	40	covid_diarrhea	Diarrhea	yesno 1, Yes 0, No Custom alignment: RH
	41	covid_abpain	Abdominal Pain	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |From NIH communications
	42	covid_skinrash	Skin Rash	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |From NIH communications
	43	covid_conjunctivitis	Conjunctivitis	yesno 1, Yes 0, No Custom alignment: RH Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
	44	self_report_desc	Section Header: *12. Health status* What is your height in feet and inches?	descriptive
	45	self_height_feet	Feet *feet*	text (integer, Min: 0, Max: 10) Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047?origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
	46	self_height_inches	Inches *inches*	text (integer, Min: 0, Max: 11) Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047?origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
	47	self_weight_lbs	What is your weight in pounds? *lbs*	text (number, Min: 0, Max: 635) Field Annotation: PX021502|https://www.phenxtoolkit.org/protocols/view/215027?origin=search||2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual
	48	self_health_status	Would you say that (your) health in general is excellent, very good, good, fair, or poor?	radio 1, Excellent 2, Very good 3, Good 4, Fair 5, Poor Field Annotation: PX770101
	49	radx_cdes2_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete